

C. KNOW THE REQUIRED SUPPORTING DOCUMENTS

In addition to the documents included within the DC OneApp, the following documents must also be submitted with your application. **Please do not provide supporting documents until you have completed the DC OneApp online. Supporting Documents received without an application will be returned.**

STUDENT AID REPORT (SAR)

The Student Aid Report (SAR) is obtained by completing the Free Application for Federal Student Aid (FAFSA) as administered by the U.S. Department of Education. The SAR, which is the end product of completing the FAFSA, provides important data regarding the applicant's need for federal financial assistance [i.e. loans and Pell Grant]. The DCTAG and DC Adoption Scholarship programs are not need-based; however, since the programs are federally funded, the SEO requires that all applicants complete the FAFSA to ensure compliance with all federal eligibility requirements.

- Step 1** Visit www.fafsa.ed.gov to complete the FAFSA.
- Step 2** Register to receive a Personal Identification Number (PIN), which allows you to electronically sign and review the status of your application. The PIN will be e-mailed to the applicant within 3-5 business days. If the applicant chooses to register for a PIN without an e-mail address, the PIN will be mailed within 7-10 business days.
- Step 3** If the applicant is under the age of 24 and is claimed as a dependent, the parent/legal guardian must register to receive an electronic PIN. The PIN will allow them to electronically sign the student's application for completion. The PIN will be e-mailed to the parent within 3-5 business days. If the applicant chooses to register for a PIN without providing an e-mail address, the PIN will be mailed within 7-10 business days.
- Step 4** Obtain the required documents necessary to complete your application before completing the FAFSA. Make sure that the applicant or the parent/guardian of the applicant have filed federal and local income taxes because the FAFSA cannot be completed until all taxes are filed.

Applying online is generally faster and easier because there are help-guides throughout the application. Process time for online applications is 5-10 business days. Process time for paper applications is 3-6 weeks.

The next several pages include samples of acceptable forms of the SAR. The SEO will accept one of the following as a required supporting document.

If the student completes the FAFSA online, the SEO will accept the PDF version of the applicant's SAR, which consists of three pages.

SAR for 2006-2007 (Student Aid Report)

The data below contains information from your student aid application (including items relating to your income, if provided). This is your copy of your application data for your records only. Do NOT send this document or a copy of this document to the U.S. Department of Education. We will not return this copy to you. You may make corrections from the Department of Education's web page (www.fafsa.ed.gov). You must use your PIN to access your record online.


688015013 CO 03
EFC: 00000*
DRN: 4306

| | | | |
|---|--|--|--|
| 1. LAST NAME | | 55. PARENTS' MARITAL STATUS (BLANK) | |
| 2. FIRST NAME | | 56. DATE OF MARITAL STATUS (BLANK) | |
| 3. MIDDLE INITIAL | | 57. YOUR FATHER'S/STEPFATHER'S SOCIAL SECURITY NUMBER | |
| 4. PERMANENT STREET ADDRESS 1 | | 58. YOUR FATHER'S/STEPFATHER'S LAST NAME | |
| 5. CITY | | 59. YOUR FATHER'S/STEPFATHER'S FIRST INITIAL | |
| 6. STATE ABBREVIATION | | 60. YOUR FATHER'S/STEPFATHER'S DATE OF BIRTH (BLANK) | |
| 7. ZIP CODE | | 61. YOUR MOTHER'S/STEPMOTHER'S SOCIAL SECURITY NUMBER | |
| 8. SOCIAL SECURITY NUMBER | | 62. YOUR MOTHER'S/STEPMOTHER'S LAST NAME | |
| 9. DATE OF BIRTH | | 63. YOUR MOTHER'S/STEPMOTHER'S FIRST INITIAL | |
| 10. PERMANENT HOME PHONE NUMBER | | 64. YOUR MOTHER'S/STEPMOTHER'S DATE OF BIRTH (BLANK) | |
| 11. DRIVER'S LICENSE NUMBER | | 65. NUMBER OF FAMILY MEMBERS IN 2005-2007 | |
| 12. DRIVER'S LICENSE STATE ABBREVIATION | | 66. NUMBER IN COLLEGE IN 2006-2007 | |
| 13. EMAIL ADDRESS (mailto:688015013@fafsa.ed.gov) | | 67. PARENTS' STATE OF LEGAL RESIDENCE | |
| 14. CITIZENSHIP STATUS U.S. CITIZEN | | 68. LEGAL RESIDENT BEFORE JANUARY 1, 2007 (BLANK) | |
| 15. ALIEN REGISTRATION NUMBER | | 69. DATE PARENTS' BECAME LEGAL RESIDENT (BLANK) | |
| 16. MARITAL STATUS UNMARRIED | | 70. PARENT(S) FILED 2005 INCOME TAX RETURN (BLANK) | |
| 17. DATE OF MARITAL STATUS (BLANK) | | 71. TYPE OF 2005 TAX FORM USED (BLANK) | |
| 18. STATE OF LEGAL RESIDENCE ABBREVIATION DC | | 72. ELIGIBLE TO FILE 1098A OR 1098EZ? (BLANK) | |
| 19. LEGAL RESIDENT BEFORE JANUARY 1, 2007? YES | | 73. ADJUSTED GROSS INCOME FROM IRS FORM | |
| 20. DATE YOU BECAME A LEGAL RESIDENT (BLANK) | | 74. U.S. INCOME TAX PAID | |
| 21. ARE YOU MALE? NO | | 75. EXEMPTIONS CLAIMED | |
| 22. REGISTER YOU FOR SELECTIVE SERVICE? NO | | 76. FATHER'S INCOME EARNED FROM WORK | |
| 23. TYPE OF DEGREE/CERTIFICATE 1ST BA | | 77. MOTHER'S INCOME EARNED FROM WORK | |
| 24. GRADE LEVEL IN COLLEGE IN 2005-2007 1ST NEVER ATTENDED | | 78. AMOUNT FROM FAFSA WORKSHEET A | |
| 25. HIGH SCHOOL DIPLOMA OR GED? YES | | 79. AMOUNT FROM FAFSA WORKSHEET B | |
| 26. FIRST BACHELOR'S DEGREE BY 7-1-2007? NO | | 80. AMOUNT FROM FAFSA WORKSHEET C | |
| 27. INTERESTED IN STUDENT LOANS? NO | | 81. CASH, SAVINGS, AND CHECKING | |
| 28. INTERESTED IN WORK-STUDY? YES | | 82. NET WORTH OF CURRENT INVESTMENTS | |
| 29. FATHER'S EDUCATIONAL LEVEL COLLEGE | | 83. NET WORTH OF BUSINESS/INVESTMENT FARM | |
| 30. MOTHER'S EDUCATIONAL LEVEL HIGH SCHOOL | | 84. NUMBER OF FAMILY MEMBERS IN 2005-2007 3 | |
| 31. DRUG CONNECTION AFFECTING ELIGIBILITY? ELIGIBLE FOR AID | | 85. NUMBER IN COLLEGE IN 2006-2007 1 | |
| 32. PLED 2005 IRS INCOME TAX RETURN WILL NOT FILE | | 86. FIRST COLLEGE NAME, CITY AND STATE (CODE) MONTGOMERY COLLEGE, ROCKVILLE, MD (008911) | |
| 33. TYPE OF 2005 TAX FORM USED (BLANK) | | 87. FIRST HOUSING PLAN OFF CAMPUS | |
| 34. ELIGIBLE TO FILE A 1098A OR 1098EZ? (BLANK) | | 88. SECOND COLLEGE NAME, CITY AND STATE (CODE) (BLANK) | |
| 35. ADJUSTED GROSS INCOME FROM IRS FORM | | 89. SECOND HOUSING PLAN (BLANK) | |
| 36. U.S. INCOME TAX PAID | | 90. THIRD COLLEGE NAME, CITY AND STATE (CODE) (BLANK) | |
| 37. EXEMPTIONS CLAIMED | | 91. THIRD HOUSING PLAN (BLANK) | |
| 38. STUDENT'S INCOME EARNED FROM WORK \$0 | | 92. FOURTH COLLEGE NAME, CITY AND STATE (CODE) (BLANK) | |
| 39. SPOUSE'S INCOME EARNED FROM WORK | | 93. FOURTH HOUSING PLAN (BLANK) | |
| 40. AMOUNT FROM FAFSA WORKSHEET A \$4,648 | | 94. FIFTH COLLEGE NAME, CITY AND STATE (CODE) (BLANK) | |
| 41. AMOUNT FROM FAFSA WORKSHEET B \$0 | | 95. FIFTH HOUSING PLAN (BLANK) | |
| 42. AMOUNT FROM FAFSA WORKSHEET C \$0 | | 96. SIXTH COLLEGE NAME, CITY AND STATE (CODE) (BLANK) | |
| 43. CASH, SAVINGS, AND CHECKING \$0 | | 97. SIXTH HOUSING PLAN (BLANK) | |
| 44. NET WORTH OF CURRENT INVESTMENTS \$0 | | 98. ENROLLMENT STATUS FOR 2006-2007 FULL TIME | |
| 45. NET WORTH OF BUSINESS/INVESTMENT FARM \$0 | | 99. DATE COMPLETED 08/16/2006 | |
| 46. HOW MANY MONTHS RECEIVE VA BENEFITS? 0 | | 100. SIGNED BY STUDENT | |
| 47. MONTHLY VA EDUCATION BENEFITS AMOUNT \$0 | | 101. PREPARER'S SOCIAL SECURITY NUMBER (BLANK) | |
| 48. BORN BEFORE 1-1-1987? NO | | 102. PREPARER'S SIGN (BLANK) | |
| 49. WORKING ON MASTER'S OR DOCTORAL? NO | | 103. PREPARER'S SIGNATURE (BLANK) | |
| 50. ARE YOU MARRIED? NO | | Parents' E-mail Address: | |
| 51. HAVE CHILDREN YOU SUPPORT? YES | | | |
| 52. DEPENDENTS OTHER THAN CHILDREN/SPOUSE? NO | | | |
| 53. PARENT(S) DECEASED OR WARD OF COURT? NO | | | |
| 54. VETERAN OF U.S. ARMED FORCES? NO | | | |

Application Received Date: 08/16/2006
Processed Date: 08/22/2006

Student Aid Report (SAR)


Step-by-Step Guide for Printing

Address  <http://www.fafsa.ed.gov/>

FAFSA


FREE APPLICATION FOR FEDERAL STUDENT AID


 Application Deadlines


 PIN Site

 Help

 Contact Us

 FAQs

 Site Map

 About Us

U.S. Department of Education **FREE** Application for Federal Student Aid Web Site

FAFSA ALERTS:
Application Deadline:
Submit 2006-2007 FAFSA on the Web Applications by midnight Central Daylight time, July 2, 2007. [More>>](#)
Scheduled Maintenance:
FAFSA on the Web will be unavailable on every Sunday from 5 a.m. to 11 a.m. (Eastern Standard Time). We apologize for any inconvenience this may cause. [More>>](#)

Funds for college are at historic highs.
[See message from Secretary Spellings.](#)

Alert! Important changes that may affect your eligibility for student aid.

| Before Beginning a FAFSA | Filling Out a FAFSA | FAFSA Follow-up |
|--|--|---|
| Get organized! To simplify filling out the application, gather the required documents and other information. | Fill out the application! FAFSA has seven steps that ask about you, your school plans, financial information and more. | Find your FAFSA online! You can go back to your FAFSA to check status, make corrections to a processed FAFSA and get other information. |
| ▶ FAFSA on the Web Worksheet | ▶ Fill out a FAFSA | ▶ Check status of a submitted FAFSA or Print Signature page |
| ▶ Find my school codes | ▶ Llenar la FAFSA en español | ▶ Make Corrections to a Processed FAFSA |
| ▶ Students and Parents apply for a PIN | ▶ Fill out a Renewal FAFSA | ▶ View and Print your Student Aid Report |
| ▶ Check Application Deadline Dates | ▶ Llenar la FAFSA de Renovación en español | |
| | ▶ Continue working on a saved FAFSA | |
| | ▶ Sign Electronically with your PIN | |









[PRIVACY & SECURITY](#) [STUDENT AID ON THE WEB](#)

- Choose **"View and Print your Student Aid Report."**

Address <http://www.fafsa.ed.gov/FOTWebApp/studentaccess.jsp>

FAFSA

FREE APPLICATION FOR FEDERAL STUDENT AID



[Before Beginning a FAFSA](#)[Filling out a FAFSA](#)[FAFSA Follow-Up](#)


[Overview](#)[Check status of a submitted FAFSA or Print a Signature Page](#)[Make Corrections to a Processed FAFSA](#)[View and Print Student Aid Report](#)[Register for Your PIN](#)[Forgot Your PIN?](#)[FAFSA Follow-up FAQs](#)


Student Access


Through Student Access you are able to view and print your Student Aid Report (SAR). Select the school year you wish to view.

Which year do you wish to view?

The 2006-2007 School Year (July 1st, 2006 - June 30th, 2007)
The 2005-2006 School Year (July 1st, 2005 - June 30th, 2006)

Select 


[Next](#) 





 Need help with this page?

[PRIVACY & SECURITY](#)

- Select applicable school year from drop down menu.
- Click "Next."

Address <https://fafsa.ed.gov/FOTWebApp/StudentAccessServlet/67>









Confirming Your Identity

We need some personal information and the PIN we mailed to you. You must provide this information to access your U.S. Department of Education information through the Internet. Please answer the following questions and select [Submit](#).

Since your PIN can be used to retrieve personal information about you and to sign documents, including a promissory note, you must not share or disclose the PIN to others. By using your PIN, you agree that it has not been compromised -- no one besides you knows it. If you think your PIN has been compromised, you should change it at the Department of Education PIN Registration Web site using the option "[Change PIN](#)".

| Student Access | |
|---|----------------------|
| What is your Social Security Number? Please enter this number without the dashes. For example, 123456789. | <input type="text"/> |
| What is your last name? | <input type="text"/> |
| What is your first name? | <input type="text"/> |
| What is your date of birth? Please enter this date in "mmddyyyy" format. For example, 08171975 for August 17, 1975. | <input type="text"/> |
| What is your PIN? I forgot/don't know my PIN | <input type="text"/> |

 [Need help with this page?](#) [Submit](#)

- Complete required information
- Click "**Submit**."

Address <https://fafsa.ed.gov/FOTWebApp/StudentAccessServlet;jsessionid=0001AE61H1Yrq-c43PZYW1xnD:11f1s28rf>

FAFSA

STUDENT ACCESS
ON THE WEB

Help Contact Us FAQs

Transactions

Processing Information

Student Information

Student Income/Assets

Parent Information

School Information

Preparer's Information

NSLDS

SAR Comments

Print Summary

Processing Information


| Processing Information | |
|-----------------------------|------------|
| Transaction Number: | 03 |
| Date Application Completed: | 05/18/2006 |
| Application Receipt Date: | 05/18/2006 |
| Processed Date: | 06/02/2006 |
| Signed By: | STUDENT |
| EFC: | 00000 * |





Need help with this page?

MAKE CORRECTIONS - EXIT

- Choose **"Print Summary"** to proceed to your Student Aid Report (SAR)

Address: <https://fafsa.ed.gov/FOTWebApp/StudentAccessServlet;jsessionid=0001AEm61H4Yrq-c43PZYW1xnD:11f1s28f>



Transactions

Below is a list of the 2006-2007 transactions we have processed for you at the U.S. Department of Education as of 11/07/2006. You can select any of the transaction numbers to view the complete details for that transaction.

Your Data Release Number (DRN) is 4306.

Note that any applications or corrections that have been submitted recently will not appear here until they have been processed by the U.S. Department of Education.

| Transaction Number | Processed Date | Expected Family Contribution (EFC) | Transaction Source |
|--------------------|----------------|------------------------------------|------------------------|
| 03 | 06/02/2006 | 00000 | Corrections on the Web |
| 02 | 05/24/2006 | 00000 | Corrections on the Web |
| 01 | 05/23/2006 | 00000 | FAFSA on the Web |

Need help with this page?

EXIT

- Choose the most recent version, indicated by the first Transaction Number.



1. **SAR (HTML version)** - HTML stands for Hypertext Markup Language. A copy of the student's SAR in this format is exactly the same as you would see it in the web browser page. This option requires only a web browser. Select this link for [help on printing the HTML SAR](#).
2. **SAR (PDF version)** - PDF stands for Portable Document Format. A copy of the student's SAR in this format will maintain a similar look (with layouts, fonts and images) to a printed copy sent out by mail. This option requires that you have Adobe Acrobat software installed in your computer. Select this link for [help on printing the PDF SAR](#). Select this link if you do not have Adobe Acrobat Reader and would like to find out how to obtain it.

-
- The screenshot displays the SAR (Software Analysis Report) tool interface. At the top left, the SAR logo is visible, along with the text "SAR" and "Version 1.0.0". The main window is titled "SAR" and contains a large table of data. The table has multiple columns, including "Component", "Version", "Description", "Status", "Priority", "Severity", "Impact", "Mitigation", and "Resolution". The data is organized into several sections, with the first section being "Component". The table lists various software components and their associated data. The interface is designed to be user-friendly, with clear labels and a structured layout. The bottom of the window shows a status bar with the text "SAR" and "Version 1.0.0".

If the student applies via paper, the SEO will accept the paper SAR that is mailed to the student. This consists of eight (8) pages. A sample of the first page is shown below.



UNITED STATES DEPARTMENT OF EDUCATION

1-800-4-FED-AID (1-800-433-3243 or TTY: 1-800-730-8913)

www.fafsa.ed.gov

OMB No. 1845-0046
Form Approved
Exp. 12/31/2007

MAY 05, 2006
EFC: 08436

Dear

Thank you for submitting your information for federal student aid to the U.S. Department of Education.

This is your Student Aid Report (SAR) for the 2006-2007 award year. Keep a copy of this SAR for your records.

You (the Student)

Here is where you are this year in the process of applying for student financial aid:

1. You applied for financial aid by completing a Free Application for Federal Student Aid (FAFSA)
2. **Now you should check your SAR information and resolve the issues described on page 3.**
3. You will need to verify your information if asked to do so by your school

U.S. Department of Education

Here is where we are in collecting, processing, and storing your information for the 2006-2007 award year:

1. We received your information and processed it. Our results are below.
2. We sent your information and results to you and made them available for the school(s) you listed in Step Six to request.
3. We will update your federal student aid record with any changes you make.

Based on the information you have submitted, we have used the standard formula to calculate your EFC, which is 08436. Your school will use this number to determine what types of aid and how much you are eligible for based on your educational costs.

School(s)

Here are the steps your school(s) will take to put together your 2006-2007 financial aid package:

1. Your school(s) received your information and our results.
2. Your school(s) may ask you to verify your information.
3. Your school(s) may put together or change an aid package and notify you.

The amount of aid you receive from your school(s) will depend on the cost of attendance at your school(s), your enrollment status (full-time, three-quarter-time, half-time, or less than half-time), Congressional appropriations, and other factors. Review your financial aid notification from your school(s) or contact your Financial Aid Administrator.

Please read the important information on page 2, and then go to page 3 to see what you need to do next.

1. *Journal of Management Studies*, 1997, 34, 1, 1-14.
 2. *Journal of Management Studies*, 1997, 34, 2, 1-14.
 3. *Journal of Management Studies*, 1997, 34, 3, 1-14.
 4. *Journal of Management Studies*, 1997, 34, 4, 1-14.
 5. *Journal of Management Studies*, 1997, 34, 5, 1-14.

40

40



| ACCOUNT NUMBER | DATE DUE | TOTAL AMOUNT DUE |
|-------------------|-------------|---------------------|
| | 06/16/06 | \$146.58 |

Payments at:

How to reach us...

Customer Service 24 hours, 7 days a week
24x7 800-4100 (Toll Free)
Payphone 800-4100 (Toll Free)
Tuesday-Thursday 8:00am-8:00pm
Friday 8:00-1:00pm

Summary of Charges

Billed from 05/15/06 to 07/14/06

| | |
|--|--------|
| Previous Balance | 146.79 |
| Payments (including payments received by 06/01/06) | 146.79 |
| Monthly Service | 179.99 |
| Taxes, Surcharges, & Fees | 29.80 |

Total Due \$146.58

Detail of Charges on back

Notes from Comcast

Please pay by the 15th to avoid a \$2.49 late fee which will appear on your next statement.



ADDRESS SERVICE REQUESTED

Please detach and enclose this coupon with your payment.
Do not send cash. Make checks payable to:

COMCAST

| Our Ref | Amount Due | AMOUNT DUE/PAID |
|----------|------------|--------------------|
| 06/16/06 | \$146.58 | \$ |

000 00 06-0-C Account Number

01 00000 40001 0 0 000000



COMCAST
PO BOX 3000
SPRINGFIELD PA 19080-0000



07529 110109 01 1 014658



Account No:
Bill Issue Date:

WASHINGTON DC

Service Period: Jun 14, 2006 to Jul 12, 2006

Service Address:**Paper Telephone Contacts:**

| | |
|--|----------------|
| Customer Care - 7am-8pm | 202-833-7500 |
| Power Outages - Available Anytime | 1-877-737-2662 |
| Life-Threatening Emergencies - Available Anytime | 202-872-2432 |
| Hearing Impaired (TTY) - 7am-8pm | 202-872-2369 |
| Reliable Español - 7am-8pm | 202-872-4641 |
| Toll-Free Numbers/online our service (toll-free) - 7am-8pm | 1-800-424-8028 |
| Miss Us! Call us before you go - Available Anytime | 202-265-7177 |

Motor Summary

| Meter Reading Information | | | | | |
|---------------------------|---------------|---------------------|--------------------|----------------|-------------|
| Meter No. Last Digit | Description | Previous Reading | Present Reading | Mult- plier | KWH Used |
| 0030 | Residential-2 | 9383 | 9409 | 10 | 260 |

The present reading is an actual reading.

Your next scheduled meter reading is August 11, 2006.

Account Summary

| | |
|-----------------------------|-----------------|
| Prior Balance | \$69.58 |
| Payments Received | \$0.00 |
| Late Payment Charge | \$0.70 |
| Balance Forward | \$70.58 |
| Current Charges This Period | \$82.56 |
| TOTAL AMOUNT DUE | \$153.84 |

After Aug 7, 2006, a Late Payment Charge of \$1.99 will be added, increasing the amount due to \$155.45.

We had not received payment to make your account current at the time your bill was prepared.

It is important to pay the full billing amount by the due date. Repeated late payments can result in a default requirement and/or further collection action.

You can pay with a major credit card by calling BMMatrix, Inc. at 1-800-966-1242. BMMatrix charges a fee for this convenience.

If you are moving or terminating service for any reason, call Pepco in advance. For an actual reading for your final bill, you must provide at least three days advance notice. You are responsible for payment for all service rendered through the date you notify Pepco that you want your account closed.

12-000210

PLEASE DETACH HERE AND RETURN THIS PART WITH YOUR PAYMENT OR PAY ONLINE AT WWW.FBP.CO.COM

Service Address:

Please make your payment payable to Popeo
Write your Account No. on your payment

AMOUNT PAID

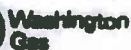
*****AUTO** 5-DIGIT 2002

| | |
|------------------------|-----------------|
| Due Aug 7, 2006 | \$153.56 |
| Due After Aug 7 | \$155.46 |

Part Due Notice

WASHINGTON DC 2002-1526

91504041011000007050000155450007060000157560001504041011



| Service Address: | Gas Use | Reading | Date | Method |
|-----------------------------|---------------------------|---------|----------|-------------|
| Mailed | Current Reading | 4697 | 06/08/06 | READ BY CO. |
| Account Number | Previous Reading | - 4695 | 06/08/06 | READ BY CO. |
| Meter ID No. | CCF of Gas Used | 2 | | |
| Rate Class | Unmetered Gas Light (CCF) | + | | |
| Level | Total CCF of Gas Used | 2 | | |
| Next Meter Reading Date | Conversion Factor | X 1.081 | | |
| Days in This Billing Period | Total Therms (TH) Used | 2.1 | | |

| Mo/Yr | HDD | Th | Mo/Yr | HDD | Th |
|----------|-----|----|-------|-----|-----|
| 05/06 | 123 | 4 | 11/05 | 216 | 13 |
| 04/06 | 308 | 51 | 10/05 | 5 | 2 |
| 03/06 | 767 | 88 | 09/05 | 0 | 2 |
| 02/06 | 636 | 77 | 08/05 | 0 | 1 |
| 01/06 | 851 | 69 | 07/05 | 0 | 2 |
| 12/05 | 689 | 63 | 06/05 | 99 | 3 |
| Total TH | | | | | 395 |

| | |
|----------------------------|----------|
| TOTAL THERMS USED | 2.1 |
| DISTRIBUTION SERVICE | |
| DISTRIBUTION CHARGE | |
| 2.1 TH @ 0.2581 | 0.71 |
| CUSTOMER CHARGE | 7.85 |
| DC FRONTS-OF-WAY FEE | 0.05 |
| NATURAL GAS SUPPLY SERVICE | |
| PGC @ 0.7593 | 1.68 |
| NATURAL GAS TRUST FUND | |
| CHARGE | 0.01 |
| STATE & LOCAL | |
| DELIVERY TAX | |
| @ 0.74300 | 0.15 |
| TOTAL GAS CHARGES | \$ 10.43 |

| | |
|----------------------|----------|
| PREVIOUS BILL AMOUNT | 55.62 |
| PAYMENTS RECEIVED | 55.65 |
| CHARGES THIS PERIOD | |
| GAS USAGE | 10.43 |
| OVERPAYMENT | -0.03 |
| TOTAL THIS PERIOD | 10.40 |
| TOTAL DUE | \$ 10.40 |

TO AVOID LATE PAYMENT CHARGES, FULL
PAYMENT MUST BE RECEIVED BY THE
DUE DATE.

THE BUDGET PLAN CAN HELP YOU MANAGE HEATING COSTS.
CALL THE AUTOMATED LINE AT 703-750-7944 TO ENROLL TODAY.
PAYMENTS NOT RECEIVED BY THE DUE DATE SUBJECT THE ACCOUNT TO
A SECURITY DEPOSIT WHERE PERMITTED BY REGULATION.

Please detach this stub and return with payment. Make check payable to WASHINGTON GAS or pay online at www.washingtongas.com.



101 Constitution Avenue, NW
Washington, DC 20000
202-694-6049 • 703-750-1000

ADDRESS SERVICE REQUESTED

☐ **Washington Area Fund Fund**
Check box and include donation
with payment. (If you have
previously pledged a donation,
do not check box.)

Donation Amount \$

☐ **Mailing Address or Name Change?**
Please check box and complete form on back.

| | |
|-------------|----------|
| Account No. | 07/05/00 |
| Due Date | \$ 12.00 |
| Amount Due | |
| Amount Paid | |

5

*****AUTO** E-DIET 20002

WASHINGTON DC 2002

Washington Gas
PO Box 880046
Baltimore, MD 21283-0046

01542660240001040008304

Utility Letter

If utilities are included in the applicant's rent, a utility letter (see sample below) or a lease, with a clause stating that utilities are included in the rent, may be submitted in place of utility bills.

PARK SOUTHERN APARTMENTS

800 Southern Avenue S.E. • Washington, DC 20032

Phone: (202) 561-4600 • Fax: (202) 561-4638

Date

State Education Office
441 4th Street NW, Suite 350N
Washington, DC 20001

To Whom It May Concern:

This letter is to verify that DOMICILED PERSON'S NAME has resided at NAME OF APARTMENT, CO-OP OR CONDOMINIUM from DATE RENTAL BEGAN through CURRENT DATE.

Street Address
Apartment #
Washington, DC ZIP

DOMICILED PERSON'S NAME pays rent that includes the apartment's utilities.

If you have any questions, please feel free to call the rental office at (202) 561-4600.

Thank you,

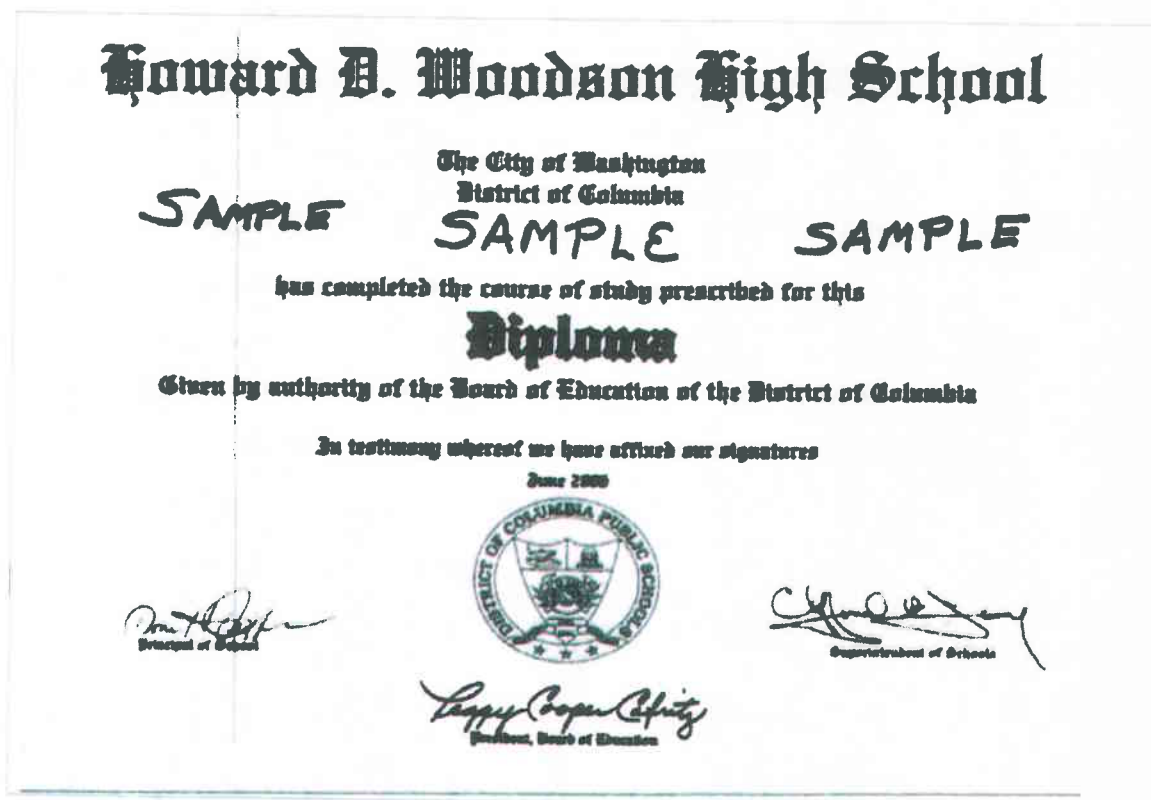
Manager's Signature

Manager's Name
Title

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Proof of High School Graduation

We will accept a copy of a high school diploma (see sample below), a General Equivalency Diploma (GED) certificate, or a signed copy of the Satisfactory Academic Progress Toward Graduation Form (see sample on Page 25). These documents are only needed for first-time applicants entering their freshmen year of college.



Domicile Verification

Verification of domicile is determined primarily through the D-40 Income Tax Return, which is certified by the DC Office of Tax & Revenue. All pages of the D-40, including the Schedule S which lists dependents, must be submitted. Certified D-40s can be obtained by visiting the **DC Office of Tax and Revenue** located at **941 North Capitol Street, NE, Washington, DC 20002**. Applicants may also complete and submit an Office of Tax and Revenue (OTR) Authorization form [See Page 25]. The SEO will request the D-40 status on behalf of the applicant/parent/guardian. **Please note:** the DC Office of Tax and Revenue will not begin to review the OTR Authorization forms until after April 15, 2007. The OTR Authorization form is provided as a convenience to the applicant and may not result in a speedy award determination.

EXM 3032878809000007 DLN 30328788090001
 Department of the 2002 D-40 Individual
 District of Columbia Income Tax Return

1082878801

10804004110801

File with 1

Personal Information

Mark if your address is different than your last return:
 Amended return Filing for a deceased taxpayer

Your First Name: []
 Your Last Name: []
 Your Social Security Number: []
 Your Daytime Phone Number: []
 Home Address (number and street) (if foreign address use Schedule S): []
 Apartment Number: []

City: **WASHINGTON**
 State: **DC**

Filing Status:
 1 Single Marked filing jointly Marked filing separately Dependent claimed by someone else

Marked filing separately on some return. Lines 3 through 49 are combined amounts. Attach Calculation J.

X Head of household. Name of qualifying person who is not your dependent appears on Schedule S. Attach Schedule S.

2 Part-year resident. Number of months of DC residency: []

Income Amounts for lines 3 through 12 are from your federal return. Some types of income reported on your federal return are not taxed on your DC return, but are included in your federal adjusted gross income. If amount is zero, leave line blank.

| | | |
|--|----|-----|
| 3 Wages, salaries, tips, etc. | 4 | |
| 4 Taxable interest | 5 | |
| 5 Ordinary dividends | 6 | .00 |
| 6 Business income or loss. Attach copy of federal Schedule C, C-EZ or F. Mark if loss. | 7 | .00 |
| 7 Capital gain or loss. Attach copy of federal Schedule D. Mark if loss. | 8 | .00 |
| 8 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach copy of federal Schedule E. Mark if loss. | 9 | .00 |
| 9 Other income. From 1040, line 21. Mark if loss. | 10 | .00 |
| 10 Federal total income. Mark if loss. | 11 | .00 |
| 11 Adjustments. Attach copy of page 1 of 1040 or 1040A. | 12 | .00 |
| 12 Federal adjusted gross income. Mark if loss. | 13 | .00 |
| 13 Subtractions from federal adjusted gross income. From Calculation A. | 14 | .00 |
| a Amount you paid to DC college savings plan this year. | 15 | .00 |
| b For part-year residents, income received while residing outside DC. | 16 | .00 |
| 14 Add line 13 and 15a, then subtract from line 12. Mark if loss. | 17 | .00 |
| 15 Add line 13 and 15b, then subtract from line 12. Mark if loss. | 18 | .00 |
| 16 DC adjusted gross income. Line 14 plus line 15. Mark if loss. | 19 | .00 |

Revised 10/02 000000 00/0000
 2002 D-40 0000 P1

Domicile Verification

Individuals who have non-taxable income must submit verification with their names and addresses. These documents must reflect 12 months of support for the prior calendar year. Examples of taxable and non-taxable domicile verification documents may include Temporary Assistance for Needy Families (TANF) and Social Security Income (SSI).

TANF Benefit History

* INFO * : MORE PAGES EXIST
FSBH FS BENEFIT HISTORY

CASE NAME: CASE NUMBER:

-----ALLOWABLE DEDUCTIONS-----

| MONTH | SIZ | TYP | CTB | INC | STD | DED | %DED | MED | CARE | SHELTER | U | BEN | AMT | RCP | NET BEN | ISS IND |
|-------|-----|-----|-----|-----|-----|-----|------|-----|------|---------|------|-----|-----|-----|---------|---------|
| 0806 | 01 | REG | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | RE | 152 | 0 | 152 | PM | |
| 0706 | 01 | REG | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | RE | 152 | 0 | 152 | PM | |
| 0606 | 01 | REG | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | RE | 152 | 0 | 152 | PM | |
| 0506 | 01 | REG | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Y RE | 152 | 0 | 152 | PM | |
| 0406 | 01 | REG | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Y RE | 152 | 0 | 152 | PM | |
| 0306 | 01 | REG | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Y IN | 152 | 0 | 152 | PD | |
| 0206 | 02 | REG | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | RE | 278 | 0 | 278 | PM | |
| 0106 | 02 | REG | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | RE | 278 | 0 | 278 | PM | |
| 1205 | 02 | REG | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | RE | 278 | 0 | 278 | PM | |
| 1105 | 02 | REG | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | RE | 278 | 0 | 278 | PM | |
| 1005 | 02 | REG | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | RE | 278 | 0 | 278 | PM | |
| 0905 | 02 | REG | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Y RE | 274 | 0 | 274 | PD | |
| 0805 | 02 | REG | 84 | 84 | 0 | 0 | 0 | 0 | 0 | 0 | Y RE | 274 | 0 | 274 | PM | |
| 0705 | 02 | REG | 84 | 84 | 0 | 0 | 0 | 0 | 0 | 0 | Y RE | 274 | 0 | 274 | PD | |

NEXT-->

Social Security Income

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

2005 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

| | | |
|---|---|--|
| Box 1. Name | | Box 2. Beneficiary's Social Security Number |
| Box 3. Benefits Paid in 2005 \$8,188.40 | Box 4. Benefits Repaid to SSA in 2005 NONE | Box 5. Net Benefits for 2005 (Box 3 minus Box 4) \$8,188.40 |
| DESCRIPTION OF AMOUNT IN BOX 3 | | DESCRIPTION OF AMOUNT IN BOX 4 |
| Paid by check or direct deposit \$7,200.00 Medicare premiums deducted from your benefit \$988.40 Total Additions \$8,188.40 Benefits for 2005 \$8,188.40 | | NONE |

Adoption Decree

This document applies to the DC Adoption Scholarship (DCAS) applicants, who were adopted through the DC Child and Family Services Agency on/after October 1, 2001. Applicants must provide a copy of the Final Decree of Adoption provided by the Family Court division of the Superior Court of the District of Columbia.

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
FAMILY COURT
DOMESTIC RELATIONS BRANCH - ADOPTION**

EX PARTE IN THE MATTER OF
THE PETITION OF K.B.
FOR ADOPTION OF MINOR CHILD.

Adoption Case No. .
Judge Linda D. Turner


FINAL DECREE OF ADOPTION

Upon consideration of the Petition for Adoption filed by _____ for the adoption of a minor male child, currently named _____ born December 16, 1999, in Washington, D.C., and the report and recommendation of the Child and Family Services Agency of the District of Columbia, it appears to the satisfaction of the Court: (1) That the adoption form has been completed pursuant to section 10 of the Vital Records Act of 1981, See D.C. Code § 7-309 (2001); (2) That the adoptee at all times material to this cause has been in the legal care, custody and control of the Child and Family Services Agency of the District of Columbia; (3) That the adoptee is physically, mentally and otherwise suitable for adoption by the petitioner; (4) That the petitioner is fit and able to give the adoptee a proper home and education; (5) That the adoption will be for the best interests of the adoptee; (6) That the adoptee has resided with the petitioner since April 9, 1999; (7) That there has been compliance with the applicable provisions of the Interstate Compact on Placement of Children Authorization Act of 1999 See D.C. Code Ann. §§ 4-1421 to 4-1424 (2001)

Accordingly, it is now by the Court this _____ day of November, 2002.

ORDERED, ADJUDGED AND DECREED:

1. That a Final Decree of Adoption be and is hereby entered establishing the legal relationship of natural parent and natural child for all purposes between Katherine Brandon, the adopter, and Omar Rubin Drummer, the adoptee, to the same extent as if he had been naturally born to the adopter.
2. That the name of the adoptee be and is hereby legally changed to Omar Rubin Braden.
3. That the Clerk of this Court is hereby authorized and directed to furnish four (4) certified copies of this Final Decree of Adoption to the adopter through her counsel of record in this matter.


Judge Linda D. Turner
Adoptions Judge

A TRUE COPY
TEST *11-20-02*
Clk. [Signature]

Death Certificate

This document applies to the DC Adoption Scholarship (DCAS) applicants, who lost one or both parents as a result of the events of September 11, 2001.

| FILE DATE | | CERTIFICATE OF DEATH | | No. 108-009114 | |
|--|---------|---|---|---|--|
| 1. NAME OF DECEASED First Middle Last April Blanton | | 2a. DATE OF DEATH Month Day Year December 20, 1987 | | 2b. Hour of Death 1:05 AM | |
| 3. SEX | 4. RACE | 5. Never Married, Married, Widowed, Divorced: Specify Married | 6. DATE OF BIRTH 22 | 7. AGE (in years last birthday) | 8. AGE (in months days hours min.) 31 |
| 8. PLACE OF DEATH IN Washington, D.C. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (If not in institution, give street address) | | | 9. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE D.C./ b. COUNTY | | |
| | | | c. CITY Washington, DC 20032 | | INSIDE CITY LIMITS YES NO |
| | | | d. STREET ADDRESS (If rural, give location) | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Escort | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) District Of Columbia | |
| 12a. CITIZEN OF WHAT COUNTRY? United States | | 12b. Origin or descent | | 12c. Hispanic YES NO | |
| 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME | | 14. NAME OF SURVIVING SPOUSE | |
| 15. Ever in U.S. Armed Forces? YES NO | | 16. SOCIAL SECURITY NO. | | 17a. INFORMANT RELATIONSHIP TO DECEASED 17b. ADDRESS Street City State | |
| 18. CAUSE OF DEATH: (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Interval Between Onset and Death: 3-4-Weeks DUE TO (c) Chronic Renal Failure PART II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the terminal disease condition given in part I (b) Squamous Cell Carcinoma Cervix 1B 19a. AUTOPSY? YES NO 19b. If Yes, Were Findings Considered in Determining the Cause of Death? | | | | | |
| 19. IF OPERATION WAS PERFORMED COMPLETE ITEMS 20a and 20b | | 20a. DATE OF OPERATION | | 20b. CONDITION FOR WHICH OPERATION WAS PERFORMED | |
| 21a. Specify if accident, suicide, homicide, or manner undetermined | | 21b. HOUR AND DATE OF INJURY: Month, Day, Year M | | 21c. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II) | |
| 21d. INJURY AT WORK: YES NO | | 21e. PLACE OF INJURY: (At Home, Farm, Factory, Street or Office Building, Etc.) | | 21f. LOCATION CITY COUNTY STATE | |
| 22. I certify that (a) (this hospital) attended the deceased from 4 August 1987 to 20 December 1987, that (b) (we) last saw the deceased alive on 20 December 1987, and that death occurred from the causes and on the date and hour stated above. | | | | | |
| 22a. SIGNATURE [Signature] | | ATTENDING MEDICAL STAFF PHYS. DIRECTOR PHYS. | | 22b. DATE SIGNED 21 December 1987 | |
| 22c. PHYSICIAN'S NAME (Type) | | 22d. ADDRESS | | | |
| 23a. BURIAL CREMATION REMOVAL | | 23b. DATE 12-23-87 | | 23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory | |
| | | | | 23d. LOCATION (City, town, or county) (State) Suitland PG Maryland | |
| 24. FUNERAL HOME Mason Funeral Home | | 25a. UNDERTAKER'S SIGNATURE [Signature] | | 25b. UNDERTAKER'S REGISTRATION NUMBER #846 | |
| REMARKS: Marie-Lydie J. Marie-Louis, MD 12.23.87 OPERATION DISCOURSED I CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL CERTIFICATE FILED WITH THE VITAL RECORDS BRANCH, DEPARTMENT OF HUMAN SERVICES, DISTRICT OF COLUMBIA. JANUARY 13, 1988 | | | | | |

1000 JOURNAL OF CLIMATE

1. The SAR has flagged the student for additional documents as outlined by the U.S. Department of Homeland Security or the U.S. Social Security Administration.
2. The applicant's parents have an Eligible Noncitizen status.

Below are samples of acceptable documents, if required

U.S. Passport can be used to document citizenship for individuals born abroad. For a non-citizen national, it must be stamped "Non-citizen National." [Note: a passport issued by another country may be used to document permanent resident status if it has the endorsement "Processed for I-551" and a valid expiration date.]



UNITED STATES OF AMERICA

No. 0000000

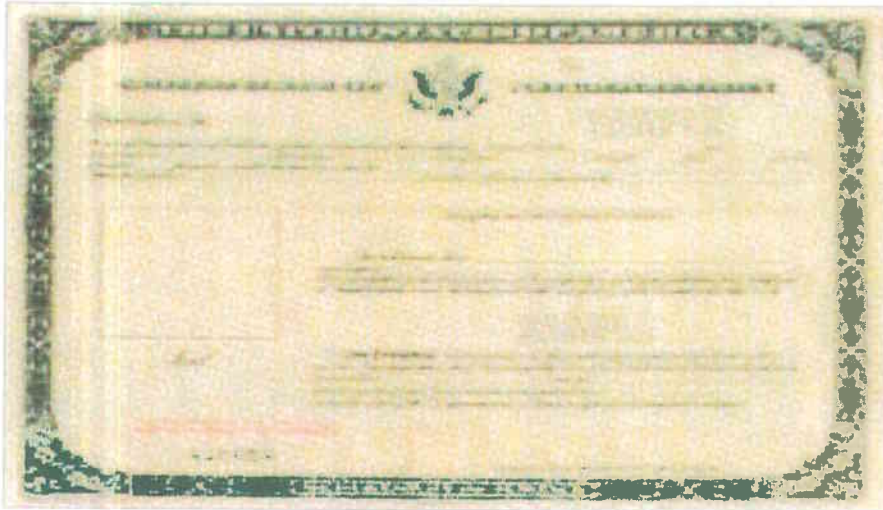
DEPARTMENT OF STATE

I, [Name], do hereby certify that [Name] is the [Relationship] of [Name] and that [Name] is a [Nationality] of the United States of America.

Issued on [Date]

Signed [Signature]

Certificate of Naturalization is issued to naturalized U.S. citizens.



For Permanent Resident/other Eligible Non-Citizen

I-94 Arrival-Departure Record acknowledges a permanent resident's status. The document must be stamped "Processed for I-551" with expiration date or "Temporary Form I-551". For other eligible non-citizens, the document must be stamped as Refugee, Asylum Status, Conditional Entrant (before April 1, 1980), Parolee, or Cuban-Haitian Entrant.

Form CBP I-94A is the computer-generated form that replaced - in many, but not all instances - the Form I-94A.

Departure Number
813106636 11

Department of Homeland Security
CBP I-94A (11/04)
Departure Record

Family Name
SAMPLE

First (Given) Name
AHMET

Country of Citizenship
PAKISTAN

20041122 US-VISIT 20041122 MULTIPLE

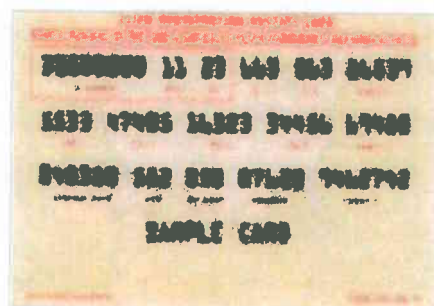
See Other Side

STAPLE HERE

Front of Form CBP I-94A

☐ ☐ ☐ ☐ ☐

54



ALIEN PRINT ALIEN
GARCIA-LOPEZ, ROSA MARIA

082756
A9200000
LOS ANGELES
SAMPLE
Rosa M. Garcia L

